PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
rademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Complete if Known						/n	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Numb	per 10/5	10/531,847		
FEE TRANSMITTAL		Filing Date	04/1	04/18/2005			
For FY 2008		First Named Inve	ntor Mat	Matthias Mrzyglod			
Applicant claims small	ontitu statuu	S Soo 37 CER 1 27	Examiner Name	Phil	Philip Earl Stimpert		
Applicant claims small			Art Unit	374	3746		
TOTAL AMOUNT OF PAYMENT (\$) 810.00			Attorney Docket I	No. 200	2002P01123WOUS		
METHOD OF PAYMENT	(check al	I that apply)		-			
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 502786 Deposit Account Name: BSH Home Appliances Corp. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
✓ Charge fee(s)	indicated b	elow	Charge	fee(s) indic	cated below, exc	cept for the filing fee	
Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEAR	FILING				TION FEES		
Application Type	Fee (\$)	Fee (\$) Fee		Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	310	155 510	255	210	105		
Design	210	105 100	50	130	65		
Plant	210	105 310	155	160	80		
Reissue	310	155 510	255	620	310		
Provisional	210	105 0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Small Entity Fee (\$) Fee (\$) Fee (\$) Multiple Dependent Claims Multiple Dependent Claims							
- 20 or HP = x 50.00 = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = x 210.00 = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)							
Other (e.g., late filing surcharge): Request for Continued Examination Fee 810.00							

SUBMITTED BY		 	
Signature	Rank WWa	Registration No. (Attorney/Agent) 32,860	Telephone 252-672-7927
Name (Print/Type)	Russell W. Warnock	 	Date July 29, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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			Application Nu	mber	10/531,847			
FEE TRANSMITTAL			Filing Date		04/18/2005			
For FY 2008			First Named In	Inventor Matthias Mrzyglod		od		
Applicant claims sma	Il entity statu	s. See 37 CFF	3 1 27	Examiner Nam	ne	Philip Earl Stimpert		
	 			Art Unit		3746		
TOTAL AMOUNT OF PAY	MENT (\$	810	0.00	Attorney Docke	et No.	2002P01123WOUS		
METHOD OF PAYMEN	IT (check a	ll that apply)						
Check Credit	Card	Money Orde	r Nor	ne Other	please ide	entify).		
Deposit Account			02786		-		Appliances Corp.	
For the above-ident			,				, , , , , , , , , , , , , , , , , , ,	
✔ Charge fee(s					-			
	•	e(s) or underpa	umanta of fo				except for the filing fee	
under 37 CF	R 1.16 and 1	1.17				erpayments		
WARNING: Information on the information and authorization			Credit card inf	ormation should r	not be inc	luded on this form.	Provide credit card	
FEE CALCULATION								
1. BASIC FILING, SEA	RCH, AND	EXAMINATI	ON FEES		-			
	FILING	FEES		CH FEES	EXAM	MINATION FEES	;	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
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Provisional	210	105	0	0	(0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues) Fee (\$) 50 25								
Each independent cla		(including Re	eissues)			210	105	
						185		
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Multiple Dependent (</u> - 20 or HP = x 50.00 = Fee (\$) Fee !						Pependent Claims Fee Paid (\$)		
- 20 or HP = x 50.00 = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims								
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =								
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)		
Other (e.g., late filing surcharge): Request for Continued Examination Fee 810.0					810.00			

SUBMITTED BY			
Signature	Rank WWant	Registration No. (Attorney/Agent) 32,860	Telephone 252-672-7927
Name (Print/Type)	Russell W. Warnock		Date July 29, 2008

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ATTORNEY DOCKET NO.: 2002P01123WOUS

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

Serial No.:

10/531,847

Filing Date:

04/18/2005

Applicant:

Matthias Mrzyglod

Title:

LINEAR COMPRESSOR UNIT

Date of Deposit

July 29, 2008

Type of Document(s)

Certificate of Mailing (1 page);

Petition for Extension of Time, Original and Copy (2 pages);

Fee Transmittal Form, Original and Copy (2 pages): Request for Continued Examination (1 page); Duplicate Copy of Amendment B (12 pages);

Return postcard.

CERTIFICATE OF MAILING UNDER 37 C.F.R. Section 1.8

I hereby certify that this paper, including all enclosures referred to herein, is being deposited with the United States Postal Service as first-class mail, postage pre-paid, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

July 29, 2008

Russell W. Warnock

Date of Deposit

Name of Person Signing

Rund W Wal

Signature

Russell W. Warnock, Reg. No. 32,860

Printed Name

BSH Home Appliances Corporation

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Fax: 714-845-2807 russ.warnock@bshg.com